

# STATE OF SOUTH DAKOTA

## Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER <i>The Platte Enterprise</i>		2. DATE <i>9-18-13</i>
3. FREQUENCY OF ISSUE <i>weekly</i>	3A. NO. OF ISSUES PUBLISHED ANNUALLY <i>52</i>	3B. ANNUAL SUBSCRIPTION PRICE <i>\$35, \$40, \$44</i>
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) <i>P.O. Box 546, Platte, SD 57369-0546</i>		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) <i>P.O. Box 546, Platte, SD 57369-0546</i>		
6. FULL NAME OF PUBLISHER: <i>Sharon Luizenga</i>		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.)		
FULL NAME <i>Sharon &amp; Norman Luizenga, P.O. Box 546, Platte, SD 57369-0546</i>		COMPLETE MAILING ADDRESS <i>P.O. Box 546, Platte, SD 57369-0546</i>
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.) <i>Ralph &amp; Patricia Mactigal, 36728 278<sup>th</sup> St, Platte, SD 57369</i>		
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	<i>1,910</i>	<i>1,910</i>
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors and counter sales.	<i>185</i>	<i>182</i>
2. Mail Subscription (Paid and or requested)	<i>1,643</i>	<i>1,650</i>
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	<i>1,828</i>	<i>1,832</i>
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	<i>31</i>	<i>30</i>
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	<i>0</i>	<i>0</i>
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	<i>1,859</i>	<i>1,862</i>
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	<i>51</i>	<i>48</i>
2. Return from News Agents	<i>0</i>	<i>0</i>
G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)	<i>1,910</i>	<i>1,910</i>

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

*Sharon Luizenga*  
(Signature)

*Owner/Publisher*  
(Title)

State of South Dakota )

County of *Charles Mix* ) §

(Seal)

Sworn to before me this *17th* day of *Sept.*, 20*13*

*Robert L. Johnson*  
Notary Public

My commission expires: *8-12-2017*